# **EDENVILLE TOWNSHIP EMPLOYMENT APPLICATION**

Edenville Township, P.O. Box 24, Edenville MI 48620 989-689-3655 Please complete all three pages.

### PERSONAL INFORMATION

Name (Last)	(First)	(Middle)			
Home Address		City	State	Zip	
Telephone (Home)	(Cell)		Email		

### **EDUCATION**

Type of School	Name and Loca		Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name	Address State/Zip			YesNo
College	Name	Address State/Zip		-	YesNo
Graduate School	Name	Address State/Zip			YesNo
Other	City	Address State/Zip			YesNo

## **U.S. MILITARY SERVICE**

Branch of Service	Technical Specialization	Rank Attained
100		

## **EMPLOYMENT HISTORY**

Dates	Name and Address of Employer	Position Held and Supervisor	Reason for Leaving
From (Mo/Yr)	Name	Your Job Title	
	Address	-	
To (Mo/Yr)	City, State Zip	Supervisor	
	Phone	-	
	Thore		
From (Mo/Yr)	Name	Your Job Title	
-	Address		
<b>3</b> 5			
To (Mo/Yr)	City, State Zip	Supervisor	
	Phone		
From (Mo/Yr)	Name	Your Job Title	
	Address		
	Address		
To (Mo/Yr)	City, State Zip	Supervisor	
	Di		
	Phone		
	ubeen an employee of Edenville of committee in the past?		n Edenville
TOWNSTII	committee in the past: res	NO	
If Yes ple	ease define:		
	Edenville Township, Midland (	County: Nondiscrimiation Policy	
Edenville Town handicap or a	vnship is an equal opportunity employer that supports and ship will not disciriminate on the basis of race, color, religi ny other reason prohibited by applicable laws. Handicapp ship Supervisor in writing of the need for accomodation wi known that an accor	on, national origin, sex, age, height, weight ed employees who feel accomodation is ne	, marital status, veteran's status, eded to perform their job must
Oi mare to come			
oignature:		Date:	

# Please provide four references in any combination below.

## PERSONAL REFERENCES

Name	Phone	Relationship
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Address		
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Name	Phone	Relationship
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